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CONFIRMATION NO. 2016

<b>SERIAL NUMBER</b> 10/535,085	<b>FILING OR 371(c) DATE</b> 05/13/2005 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> FIS-0022
<b>APPLICANTS</b> Katrina Schmid, Queensland, AUSTRALIA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/AU03/01527 11/14/2003 ✓ <i>HD</i>				
<b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA 2002952682 11/14/2002 ✓ <i>HD</i>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>HD</i>	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 30
Verified and Acknowledged	Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4	
<b>ADDRESS</b> 23413				
<b>TITLE</b> Method or apparatus for inhibiting myopia development in humans				
<b>FILING FEE RECEIVED</b> 800	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	